


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90017 012 ****70.00

DOCUMENT # N05000000434	
1. Entity Name COLLIER COUNTY ANIMAL LEAGUE, INC.	

Principal Place of Business 460 29TH ST. NW NAPLES, FL 34120	Mailing Address 460 29TH ST. NW NAPLES, FL 34120
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50004915



2. Principal Place of Business 2990 14th Ave NE	3. Mailing Address 6017 Pine Ridge Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc. #138

01032006 Chg-NP CR2E037 (11/05)

City & State Naples, FL	City & State Naples, FL
Zip 34120	Country USA
Zip 34119	Country USA

4. FEI Number 20-2160533	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RANDALL, RONNYE GAYLE 589 TRIPOLI COURT MARCO ISLAND, FL 34145		Name Ronnye Gayle Randall Street Address (P.O. Box Number is Not Acceptable) 2990 14th Ave NE City Naples FL Zip Code 34120	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <i>Ronnye Gayle Randall, President</i>	DATE <i>3/20/06</i>
(NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANDALL, RONNYE GAYLE 589 TRIPOLI COURT MARCO ISLAND, FL 34145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P 2990 14th Ave NE Naples, FL 34120 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRIS, TAMMY 3500 31ST AVE., SW NAPLES, FL 34120 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, MELANIE 460 29TH ST. NW NAPLES, FL 34120 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEPP, WILLIAM THOMAS JR. 6491 SABLE RIDGE LANE NAPLES, FL 34109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>Ronnye Gayle Randall, Ronnye Gayle Randall</i>	DATE: <i>3/20/06</i> DAYTIME PHONE: <i>(941) 554-2388</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	